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	Request	design resources to a contraction of indus-	references & complete a rate of Old control over
8	for	Application Number	10.039,439
	Continued Examination (RCE)	Filing Date	19/5m(530)1
	Transmittal Address to:	First Named Inventor	Elector P. Robedero
	Mail Stop RCE Commissioner for Patents	Art Unit	2815
	[P.O. 80x 1450	Examiner Name	LEE, Ebigone
	Alexandria, VA 22313-1450	Alternay Docket Number	42P12399
200	Record for Continued Examination (RCE)	ander 37 CPR 1,114 of the al	The second secon
_ =====================================	Attorney Docket Number 42P12359 This is a Request for Conditional Economication (RCE) under 37 CFR 1.114 of the above-identified application. Request for Conditional Economics (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application. 1925, or to any design application. See instruction Street for RCEs from to be admitted to the USFTO) on page 2. 1. (Submission required under 37 CFR 1.114 does		
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10/039439 PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE ____ OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE 150.00 BASIC FEE 300.00 OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 25= X\$50= OR INDEPENDENT CLAIMS minus 3 = X100= X200= OR MULTIPLE DEPENDENT CLAIM PRESENT +180= +360= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 3) CLAIMS HIGHEST ADDI-REMAINING ADDI-NUMBER PRESENT TIONAL AFTER RATE RATE PREVIOUSLY TIONAL **EXTRA** MENDMENT PAID FOR FEE FEE Total - 20 Minus X\$ 25= X\$50= OR Independent Minus --.3 X100= X200= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +180= OR +360= Ree: TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE 1805 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 0 ADDI-REMAINING ADDI-NUMBER PRESENT ENT AFTER RATE PREVIOUSLY TIONAL RATE TIONAL EXTRA AMENDMENT PAID FOR FEE FEE Total 20 Minus X\$ 25= X\$50= OR Independent Minus X100= X200= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +180= +360= OR TOTAL TOTAL OR ADDIT FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER ADDI-ADDI-PRESENT AFTER PREVIOUSLY RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 25= X\$50= OR AME Independent Minus X-100=-FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X200= OR 180= +360= OR